MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	·

CLAIMS

	AS F	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						-	
2		1	ļ	<u> </u>			
3		1			ļ		
4		1		ļ			
5	ļ	1	<u> </u>	_			
6		1	ļ	ļ			
7	<u> </u>		 			ļ	
8	 	 	ļ	 			
9	 	 -	 	 			
10	 		 	 			
12	 		 	-	 		
13	 	 	 				
14	 			 			
15	 		 -	 			
16			 				
17	 		 	-			
18				 			
19	<u> </u>			1			
20	1		-	 			
21			 	†			
22							
23							
24							
25			İ				
26							
27							
28							
29							
30							
31				ļ			
32							
33							
34							
35							
36 37							
38							
39				 			
40							
41				 			
42							
43		-		 			
44							
45							
46							
47							
48					t	$\neg \neg$	
49							
50							
TOTAL IND.	1	1		1		1	
TOTAL DEP.	一	—		′ ━ ¯		-	
TOTAL CLAIMS	7	e pour					
CLAIMS	0	COPPER S		454.5855	-		

s T	*		*		*	-
	IND.	DEP.	IND.	DED	1000	T pen
51	III.	DEF.	IND.	DEP.	IND.	DEP.
52	1		 	-	 	
53			 		-	
54	·		 	 		
-	 		 	 		 _
55	 -			<u> </u>		
56	 -			 	<u> </u>	
57	<u> </u>		<u> </u>		Ļ	ļ
58	, ,		ļ	<u> </u>		<u> </u>
59						
60		[L	<u> </u>
61	ļ					
62						
63						
64]				
65						
66						
67		İ	 			†
68						†···
69			 			
70				 		
71	<u> </u>		 	 		
72	 			 	<u> </u>	
73	<u> </u>		 -	 		
74				ļ <u>.</u>	 	 -
				ļ		<u> </u>
75					ļ	
76				ļ	ļ	
77						
78			ļ			
79					,	
80						
81						
82						
83						
84						
85			1			
86						
87						
88						
89						
90						
91						
92						
93						
94						
95				i		
96						
96						
				<u> </u>		
98						
99			,			
100						
TOTAL IND.	ļ					
TOTAL		4		- 1		— 1
DEP.				N. S.		Name of the Party
TOTAL CLAIMS				79 J.C.		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS